



# Provider Enrollment

## New Individual/Sole Proprietor

### Step 8: Add Provider Controlling Interest/Ownership Details

*“Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time.”*

*-Provider Relations*

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- Provider Enrollment Process Overview
- Starting a New Provider Enrollment Application
  - Step 8: Add Provider Controlling Interest/Ownership Details
- Provider Enrollment Resources

# Provider Enrollment Process Overview

- Step 1: Determine if provider needs to enroll with CHAMPS Michigan Medicaid
  - Policy Bulletin MSA: [13-17](#)
  - Policy Bulletin MSA: [18-47](#)
  - Policy Bulletin MSA: [19-20](#)
- Step 2: [Determine CHAMPS Enrollment Type](#)
- Step 3: [Enroll with SIGMA – Vendor Self Service](#)
  - After completing SIGMA registration allow 3-5 business days to begin and complete the CHAMPS application. If you attempt to enroll in CHAMPS during this time you may get an error when validating your information.
- Step 4: [Register for a MILogin Account for Access to CHAMPS](#)
- Providers wishing to elect another person to have Domain Administrator rights are required to submit:
  - Form: Electronic Signature Agreement Cover Sheet ([MDHHS-5405](#))
  - Form: Electronic Signature Agreement ([DCH-1401](#))

# Starting a New Provider Enrollment Application

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Details to Step 8: Add Provider Controlling Interest/Ownership Details

Track Application - [PDF](#), [Recording](#)

Application ID: 20181204171383

Name: Test, Testing

Close

## Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
<a href="#">Step 1: Provider Basic Information</a>	Required	12/04/2018	12/04/2018	Complete	
<a href="#">Step 2: Add Locations</a>	Required	12/04/2018	12/04/2018	Complete	
<a href="#">Step 3: Add Specialties</a>	Required	12/04/2018	12/04/2018	Complete	
<a href="#">Step 4: Associate Billing Provider/Other Associations</a>	Optional			Complete	
<a href="#">Step 5: Add License/Certification/Other</a>	Required	12/04/2018	12/04/2018	Complete	
<a href="#">Step 6: Add Mode of Claim Submission/EDI Exchange</a>	Required	12/04/2018	12/04/2018	Complete	
<a href="#">Step 7: Associate Billing Agent</a>	Required	12/04/2018	12/04/2018	Complete	
<a href="#">Step 8: Add Provider Controlling Interest/Ownership Details</a>	Required			Incomplete	
<a href="#">Step 9: Add Taxonomy Details</a>	Required			Incomplete	
<a href="#">Step 10: Associate MCO Plan</a>	Optional			Incomplete	
<a href="#">Step 11: 835/ERA Enrollment Form</a>	Optional			Incomplete	
<a href="#">Step 12: Upload Documents</a>	Optional			Incomplete	
<a href="#">Step 13: Complete Enrollment Checklist</a>	Required			Incomplete	
<a href="#">Step 14: Submit Enrollment Application for Approval</a>	Required			Incomplete	

View Page: 1

Go

Page Count

SaveToXLS

Viewing Page: 1

First

Prev

Next

Last

- Step 7 is complete
- Click on Step 8: Add Provider Controlling Interest/Ownership Details
  - \*The screens for this step were updated 12/14/18

# Adding an owner who is not related

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Steps on how to add an owner who has no relationship to the individual provider enrolling.

Application ID: 20181204171383

Name: Test, Testing

Close

Actions

- Add Owner
  - Import Owner
  - Owners Relationships
  - Owners Adverse Action
  - Corporate - Publicly Traded
- Add Owner for all enrollment types.  
 Import Owner ownership type in addition to Managing Employee. Corporate - Charitable 501(c)3  
 Owners Relationships Principal is required if one of the ownership types below is selected:  
 Corporate - Not Publicly Traded Foreign, Nonresident Alien  
 Sub-contractor Limited liability Company  
 Holding Company Indirect Owner

## Owners List

Filter By  And  Go

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
<input type="checkbox"/>	Test,Testing	Individual	320 S Walnut St	12/04/2018	12/31/2999	Completed	Not Completed	100

View Page:  Go   Viewing Page: 1

## Add Other Owned Entity List Ownership Interest in other Entities reimbursible by Medicaid and/or Medicare.

Filter By  Go

Other Owner EIN/TIN	Other Owner Information	Address
No Records Found !		

- To enter additional owner information, select Add Owner from the Actions drop-down menu
  - Note: The individual provider information prepopulates as a listed owner and the relationship status also prepopulates to completed.

CHAMPS Provider

https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer

Print Help

Application ID: 20181204171383 Name: Test, Testing

### Provider Controlling Interest/Ownership

**Type:**  \* 

**Percentage Owned:**  \*

**SSN:**

**EIN/TIN:**

**Legal Entity Name:**   
(As shown on the Income Tax Return)

**Entity Business Name:**   
(Doing Business As)

**Owner NPI:**

**First Name:**

**Last Name:**

**Suffix:**

**DOB:**

**Phone Number:**  \* **Extn:**

**Email:**

**Start Date:**  \*

**End Date:**

---

**Address Line 1:**  \*  
(Enter Street Address or PO Box Only)

**Address Line 2:**

**Address Line 3:**

**City/Town:**  \*

**State/Province:**  \*

**County:**  \*

**Country:**  \*

**Zip Code:**  \* -  \*  **Validate Address**

**OK**  **Cancel**

Page ID: dlgEnrfmtAddOwner(Provider)

- Select an Owner Type from the drop-down menu
- Complete all fields marked with an asterisk (\*)
- Complete Address Line 1 and Zip Code, click Validate Address  
*(Please Note: you should receive confirmation "Address Validation Successful")*
- Click Ok

CHAMPS Provider

Last Login: 04 DEC, 2018 11:42 AM

New Enrollment > Individual Enrollment > General

Application ID: 20181204171383 Name: Test, Testing

Close Actions

Per Medicaid Provider Manual

**PROVIDER OWNERSHIP AND CONTROL DISCLOSURES**

Provider Enrollment Information, including home address, date of birth, and Social Security Number, is required from providers and other disclosed individuals (e.g., owners, managing employees, agents, etc.).

**REQUIRED DISCLOSURE INFORMATION**

Provider (including fiscal agents and managed care entities) are required to disclose the following information on ownership and control during enrollment, revalidation and within 35 days after any change in ownership:

- The name and address of any person (individual or corporation) with ownership or control interest. The address for corporate entities must include, as applicable, primary business address, every business location and P.O. Box address.
- Date of birth and Social Security Number (in the case of an individual).
- Other Tax Identification Number, in the case of corporation, with an ownership or control interest or of any subcontractor in which the disclosing entity has a five percent or more interest.
- Whether the person (individual or corporation) with an ownership or control interest is related to another person with ownership or control interest as a spouse, parent, child or sibling; or whether the person (individual or corporation) with an ownership or control interest of any subcontractor in which the disclosing entity has a five percent or more interest is related to another person with ownership or control interest as a spouse, parent, child or sibling.
- The name of any other fiscal agent or manage care entity in which an owner has an ownership or control interest in an entity that is reimbursable by Medicaid and/or Medicare.
- The name, address, date of birth and Social Security Number of any managing employee.

**REQUIRED OWNERS**

- Managing Employee is mandatory for all enrollment types.
- There must be at least one other ownership type in addition to Managing Employee. Corporate - Charitable 501(c)3
- At least one Board of Director/Officers/Principal is required if one of the ownership types below is selected:

Corporate - Charitable 501(c)3	Corporate - Not Publicly Traded	Foreign, Nonresident Alien
Corporate - Non Charitable	Sub-contractor	Limited liability Company
Corporate - Publicly Traded	Holding Company	Indirect Owner

**Owners List**

Filter By [ ] And [Go] Save Filters My Filters

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
<input type="checkbox"/> 123456789	Example,One	Managing Employee	100 N Capital Ave	01/01/2015	12/31/2999	Not Completed	Not Completed	0
<input type="checkbox"/>	Test,Testing	Individual	320 S Walnut St	12/04/2018	12/31/2999	Not Completed	Not Completed	100

Delete View Page: 1 Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

**List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare.**

Filter By [ ] Go Save Filters My Filters

Other Owner EIN/TIN	Other Owner Information	Address
<input type="checkbox"/>		

No Records Found !

- The managing employee is now added to the list of owners
- To add the relationship click the Actions drop-down menu
  - Note: The Relationship status for the individual provider enrolling is now marked as Not Completed

Application ID: 20181204171383

Name: Test, Testing

Close + Actions ⓘ

- There Add Owner ownership type in addition to Managing Employee. Corporate - Charitable 501[c]3
- At least one Owner/Principal is required if one of the ownership types below is selected:
  - 501[c]3 Corporate - Not Publicly Traded Foreign, Nonresident Alien
  - Partnership Partnership Limited liability Company
  - Sub-contractor
  - Individual Holding Company Indirect Owner

## Owners List

Filter By ▾ [ ] [ ] And Go Save Filters My Filters ▾

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
<input type="checkbox"/> Δ▽	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼
<input type="checkbox"/> 123456789	Example_One	Managing Employee	100 N Capitol Ave	01/01/2015	12/31/2999	Not Completed	Not Completed	0
<input type="checkbox"/>	Test_Testing	Individual	320 S Walnut St	12/04/2018	12/31/2999	Not Completed	Not Completed	100

Delete View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

## Add Other Owned Entity List Ownership Interest in other Entities reimbursible by Medicaid and/or Medicare.

Filter By ▾ [ ] [ ] Go Save Filters My Filters ▾

Other Owner EIN/TIN	Other Owner Information	Address
<input type="checkbox"/> Δ▽	▲▼	▲▼

No Records Found !

- Select Owners Relationships from the Actions drop-down menu

CHAMPS Provider

Last Login: 04 DEC, 2018 11:42 AM

https://milointpc.michigan.gov/ - Welcome to MMIS - Internet Explorer

Application ID: 20181204171383 Name: Test, Testing

**Add Relationship**

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse) ?  Yes  No (Click Save to update)

**Owner List**

Show Owners All Go Save Filters My Filters

Selected Owner: Test, Testing SSN/EIN/TIN: Status: Not Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Test, Testing	Relation to Assoc. Owner
Example,One	123456789	Managing Employee		
Test,Testing		Individual		None

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

Selected Owner: Example, One SSN/EIN/TIN: 123456789 Status: Not Completed

Save Close

Page ID: dlgAddModifyOwnerRelationship(Provider)

- Answer question (at the top)
- If no relationships exist select No.

Application ID: 20181204171383

Name: Test, Testing

## Add Relationship

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse) ?  Yes  No (Click Save to update)

## Owner List

Show Owners

All



Go

Save Filters

My Filters

- > Selected Owner: Test, Testing SSN/EIN/TIN: Status: Not Completed
- > Selected Owner: Example, One SSN/EIN/TIN: 123456789 Status: Not Completed

Save

Close

- The owner list boxes collapse
- Click Save

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo and a 'Provider' dropdown menu. Below this, a status bar indicates the last login time as '04 DEC, 2018 11:42 AM'. The main content area displays 'Application ID: 20181204171383' and 'Name: Test, Testing'. A section titled 'Add Relationship' contains a question: 'Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse)?' with radio buttons for 'Yes' and 'No' (selected). Below this is an 'Owner List' table with columns for 'Selected Owner', 'SSN/EIN/TIN', and 'Status'. The table lists two owners: 'Test, Testing' (SSN/EIN/TIN: Not Completed) and 'Example, One' (SSN/EIN/TIN: 123456789). A modal dialog box titled 'Message from webpage' is open in the foreground, displaying the message: 'All owner relationships will be set to 'None'. Do you want to continue?'. The 'OK' button in the dialog is highlighted with a red rectangle. At the bottom of the page, there is a 'Page ID: dlgAddModifyOwnerRelationship(Provider)' and a 'Save' button.

- After clicking save, click Ok.

CHAMPS Provider

Last Login: 04 DEC, 2018 11:42 AM

https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer

Application ID: 20181204171383 Name: Test, Testing

### Add Relationship

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse) ?  Yes  No (Click Save to update)

#### Owner List

Show Owners All  Save Filters My Filters

> Selected Owner: Test, Testing	SSN/EIN/TIN: [REDACTED]	Status: Completed
> Selected Owner: Example, One	SSN/EIN/TIN: 123456789	Status: Completed

Save Close

Page ID: dlgAddModifyOwnerRelationship(Provider)

- The status for each owner will show Completed
- Click close to return to the owner list screen

CHAMPS Provider

Last Login: 04 DEC, 2018 11:42 AM

New Enrollment > Individual Enrollment > General

Application ID: 20181204171383 Name: Test, Testing

Close Actions

### Per Medicaid Provider Manual

#### PROVIDER OWNERSHIP AND CONTROL DISCLOSURES

Provider Enrollment Information, including home address, date of birth, and Social Security Number, is required from providers and other disclosed individuals (e.g., owners, managing employees, agents, etc.).

#### REQUIRED DISCLOSURE INFORMATION

Provider (including fiscal agents and managed care entities) are required to disclose the following information on ownership and control during enrollment, revalidation and within 35 days after any change in ownership:

- The name and address of any person (individual or corporation) with ownership or control interest. The address for corporate entities must include, as applicable, primary business address, every business location and P.O. Box address.
- Date of birth and Social Security Number (in the case of an individual).
- Other Tax Identification Number, in the case of corporation, with an ownership or control interest or of any subcontractor in which the disclosing entity has a five percent or more interest.
- Whether the person (individual or corporation) with an ownership or control interest is related to another person with ownership or control interest as a spouse, parent, child or sibling; or whether the person (individual or corporation) with an ownership or control interest of any subcontractor in which the disclosing entity has a five percent or more interest is related to another person with ownership or control interest as a spouse, parent, child or sibling.
- The name of any other fiscal agent or manage care entity in which an owner has an ownership or control interest in an entity that is reimbursable by Medicaid and/or Medicare.
- The name, address, date of birth and Social Security Number of any managing employee.

#### REQUIRED OWNERS

- Managing Employee is mandatory for all enrollment types.
- There must be at least one other ownership type in addition to Managing Employee. Corporate - Charitable 501[c]3
- At least one Board of Director/Officers/Principal is required if one of the ownership types below is selected:
 

Corporate - Charitable 501[c]3	Corporate - Not Publicly Traded	Foreign, Nonresident Alien
Corporate - Non Charitable	Sub-contractor	Limited liability Company
Corporate - Publicly Traded	Holding Company	Indirect Owner

### Owners List

Filter By [ ] And [ ] Go Save Filters My Filters

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
123456789	Example.One	Managing Employee	100 N Capitol Ave	01/01/2015	12/31/2999	Completed	Not Completed	0
	Test,Testing	Individual	320 S Walnut St	12/04/2018	12/31/2999	Completed	Not Completed	100

Delete View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

### List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare.

Add Other Owned Entity

Filter By [ ] Go Save Filters My Filters

Other Owner EIN/TIN	Other Owner Information	Address
No Records Found !		

- The Relationship Status now shows Completed for both owners

Application ID: 20181204171383

Name: Test, Testing

Close Actions

- There Add Owner ownership type in addition to Managing Employee. Corporate - Charitable 501(c)3
- At least one of the following ownership types is required if one of the ownership types below is selected:
  - 501(c)3
  - Corporate - Not Publicly Traded
  - Foreign, Nonresident Alien
  - Partnership
  - Sub-contractor
  - Limited liability Company
  - Trust
  - Holding Company
  - Indirect Owner

## Owners List

Filter By [dropdown] [input] And [input] Go

Save Filters My Filters

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
<input type="checkbox"/> 123456789	Example,One	Managing Employee	100 N Capitol Ave	01/01/2015	12/31/2999	Completed	Not Completed	0
<input type="checkbox"/> !	Test,Testing	Individual	320 S Walnut St	12/04/2018	12/31/2999	Completed	Not Completed	100

Delete View Page: 1 Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

## Add Other Owned Entity List Ownership Interest in other Entities reimbursible by Medicaid and/or Medicare.

Filter By [dropdown] [input] Go

Save Filters My Filters

Other Owner EIN/TIN	Other Owner Information	Address
<input type="checkbox"/>		

No Records Found !

- Select Owners Adverse Action from the Actions drop-down menu to complete the Final Adverse Legal/Action/Convictions Disclosure

CHAMPS Provider

Application ID: 20181204171383 Name: Test, Testing

### FINAL ADVERSE LEGAL ACTIONS/CONVICTIONS

This section captures information on final adverse legal actions, such as convictions, exclusions, revocations, and suspensions. All applicable final adverse actions must be reported, regardless of whether any records were expunged or any appeals are pending.

**Convictions**

1. The provider, supplier, or any owner of the provider or supplier was, within the last 10 years preceding enrollment or revalidation of enrollment, convicted of a Federal or State felony offense that CMS has determined to be detrimental to the best interests of the program and its beneficiaries or recipients. Offenses include, but are not limited to: Felony crimes against persons and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions; financial crimes, such as extortion, embezzlement, income tax evasion, insurance fraud and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions; any felony that placed the Medicaid program or its beneficiaries at immediate risk (such as a malpractice suit that results in a conviction of criminal neglect or misconduct); and any misdemeanor or felonies that may result in a mandatory or permissive exclusion under State or Federal law.
2. Any misdemeanor conviction, under Federal or State law, related to: (a) the delivery of an item or service under Medicaid or a State health care program, or (b) the abuse or neglect of a patient in connection with the delivery of a health care item or service.
3. Any misdemeanor conviction, under Federal or State law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service.
4. Any felony or misdemeanor conviction, under Federal or State law, relating to the interference with or obstruction of any investigation into any criminal offense described in 42 C.F.R. Section 1001.101 or 1001.201.
5. Any felony or misdemeanor conviction, under Federal or State law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

**Exclusions, revocations, or Suspensions**

1. Any revocation or suspension of a license to provide health care by any State licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a State licensing authority.
2. Any revocation or suspension of accreditation.
3. Any suspension or exclusion from participation in, or any sanction imposed by, a Federal or State health care program, or any debarment from participation in any Federal Executive Branch procurement or non-procurement program.
4. Any current Medicaid payment suspension under any Medicaid enrollment.
5. Any Medicaid revocation of any Medicaid provider billing number.

**FINAL ADVERSE LEGAL ACTION/CONVICTION ACTION HISTORY**

Do any of the owners, under any current or former name or business identity, ever had a final adverse legal action listed above imposed against them? Please answer in the 'Owners with Adverse Action' section below for each owner.

Owner Name	Response	Comments
Test,Testing	<input type="radio"/> Yes <input type="radio"/> No	
Example,One	<input type="radio"/> Yes <input type="radio"/> No	

View Page: 1 Page Count SaveToXLS Viewing Page: 1

Page ID: pgEnrlmntAdverseAction(Provider)

- Read through Final Adverse Legal Actions/Convictions statement for each owner listed, select Yes or No

Application ID: 20181204171383

Name: Test, Testing

1. Any revocation or suspension of a license to provide health care by any State licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a State licensing authority.
2. Any revocation or suspension of accreditation.
3. Any suspension or exclusion from participation in, or any sanction imposed by, a Federal or State health care program, or any debarment from participation in any Federal Executive Branch procurement or non-procurement program.
4. Any current Medicaid payment suspension under any Medicaid enrollment.
5. Any Medicaid revocation of any Medicaid provider billing number.

**FINAL ADVERSE LEGAL ACTION/CONVICTION ACTION HISTORY**

Do any of the owners, under any current or former name or business identity, ever had a final adverse legal action listed above imposed against them? Please answer in the 'Owners with Adverse Action' section below for each owner.

**Owners with Adverse Action**

Owner Name	Response	Comments
Test,Testing	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Example,One	<input type="radio"/> Yes <input checked="" type="radio"/> No	

View Page: 1



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✓ Ok

Cancel

- Click Ok

CHAMPS Provider

Last Login: 04 DEC, 2018 11:42 AM

Note Pad External Links My Favorites Print Help

New Enrollment Individual Enrollment General

Application ID: 20181204171383 Name: Test, Testing

Close Actions

### Per Medicaid Provider Manual

#### PROVIDER OWNERSHIP AND CONTROL DISCLOSURES

Provider Enrollment Information, including home address, date of birth, and Social Security Number, is required from providers and other disclosed individuals (e.g., owners, managing employees, agents, etc.).

#### REQUIRED DISCLOSURE INFORMATION

Provider (including fiscal agents and managed care entities) are required to disclose the following information on ownership and control during enrollment, revalidation and within 35 days after any change in ownership:

- The name and address of any person (individual or corporation) with ownership or control interest. The address for corporate entities must include, as applicable, primary business address, every business location and P.O. Box address.
- Date of birth and Social Security Number (in the case of an individual).
- Other Tax Identification Number, in the case of corporation, with an ownership or control interest or of any subcontractor in which the disclosing entity has a five percent or more interest.
- Whether the person (individual or corporation) with an ownership or control interest is related to another person with ownership or control interest as a spouse, parent, child or sibling; or whether the person (individual or corporation) with an ownership or control interest of any subcontractor in which the disclosing entity has a five percent or more interest is related to another person with ownership or control interest as a spouse, parent, child or sibling.
- The name of any other fiscal agent or manage care entity in which an owner has an ownership or control interest in an entity that is reimbursable by Medicaid and/or Medicare.
- The name, address, date of birth and Social Security Number of any managing employee.

#### REQUIRED OWNERS

- Managing Employee is mandatory for all enrollment types.
- There must be at least one other ownership type in addition to Managing Employee. Corporate - Charitable 501(c)3
- At least one Board of Director/Officers/Principal is required if one of the ownership types below is selected:

Corporate - Charitable 501(c)3	Corporate - Not Publicly Traded	Foreign, Nonresident Alien
Corporate - Non Charitable	Sub-contractor	Limited liability Company
Corporate - Publicly Traded	Holding Company	Indirect Owner

### Owners List

Filter By And Go Save Filters My Filters

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
<input type="checkbox"/> 123456789	Example,One	Managing Employee	100 N Capitol Ave	01/01/2015	12/31/2999	Completed	No	0
<input type="checkbox"/>	Test,Testing	Individual	320 S Walnut St	12/04/2018	12/31/2999	Completed	No	100

Delete View Page: 1 Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

### Add Other Owned Entity

List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare.

Filter By Go Save Filters My Filters

Other Owner EIN/TIN	Other Owner Information	Address
<input type="checkbox"/>		

No Records Found!

- The Adverse Action column will show Yes or No indicating it's complete.
- Click Close
- You will return to the enrollment steps shown on [slide 35](#)

# Adding an owner who is related

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Steps on how to add an owner relationship to the individual provider being enrolled

Application ID: 20181204171383

Name: Test, Testing

Close

Actions

- Add Owner
  - Import Owner
  - Owners Relationships
  - Owners Adverse Action
  - Corporate - Publicly Traded
- Add Owner for all enrollment types.  
 Import Owner ownership type in addition to Managing Employee. Corporate - Charitable 501(c)3  
 Owners Relationships Principal is required if one of the ownership types below is selected:  
 Corporate - Not Publicly Traded Foreign, Nonresident Alien  
 Sub-contractor Limited liability Company  
 Holding Company Indirect Owner

## Owners List

Filter By  And  Go Save Filters My Filters

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
<input type="checkbox"/>	Test,Testing	Individual	320 S Walnut St	12/04/2018	12/31/2999	Completed	Not Completed	100

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Filter By  Go Save Filters My Filters

Other Owner EIN/TIN	Other Owner Information	Address
No Records Found !		

- To enter additional owner information, select Add Owner from the Actions drop-down menu
  - Note: The individual provider information prepopulates as a listed owner and the relationship status also prepopulates to completed.

CHAMPS Provider

https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer

Print Help

Application ID: 20181204171383 Name: Test, Testing

### Provider Controlling Interest/Ownership

Type:  \* ⓘ

Percentage Owned:  \*

SSN:

EIN/TIN:

Legal Entity Name:  \*  
(As shown on the Income Tax Return)

Entity Business Name:  \*  
(Doing Business As)

Owner NPI:

First Name:

Last Name:

Suffix:

DOB:  ⓘ

Phone Number:  \* Extn:

Email:

Start Date:  ⓘ \*

End Date:  ⓘ

---

Address Line 1:  \*  
(Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

City/Town:  \*

State/Province:  \*

County:

Country:  \*

Zip Code:  \* -   Validate Address

OK  Cancel

Page ID: dlgEnrlmntAddOwner(Provider)

- Select an Owner Type from the drop-down menu
- Complete all fields marked with an asterisk (\*)
- Complete Address Line 1 and Zip Code, click Validate Address  
(Please Note: you should receive confirmation "Address Validation Successful")
- Click Ok

CHAMPS Provider

Last Login: 04 DEC, 2018 11:42 AM

New Enrollment > Individual Enrollment > General

Application ID: 20181204171383 Name: Test, Testing

Close Actions

**Per Medicaid Provider Manual**

**PROVIDER OWNERSHIP AND CONTROL DISCLOSURES**

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**REQUIRED DISCLOSURE INFORMATION**

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- The name and address of any person (individual or corporation) with ownership or control interest. The address for corporate entities must include, as applicable, primary business address, every business location and P.O. Box address.
- Date of birth and Social Security Number (in the case of an individual).
- Other Tax Identification Number, in the case of corporation, with an ownership or control interest or of any subcontractor in which the disclosing entity has a five percent or more interest.
- Whether the person (individual or corporation) with an ownership or control interest is related to another person with ownership or control interest as a spouse, parent, child or sibling, or whether the person (individual or corporation) with an ownership or control interest of any subcontractor in which the disclosing entity has a five percent or more interest is related to another person with ownership or control interest as a spouse, parent, child or sibling.
- The name of any other fiscal agent or manage care entity in which an owner has an ownership or control interest in an entity that is reimbursable by Medicaid and/or Medicare.
- The name, address, date of birth and Social Security Number of any managing employee.

**REQUIRED OWNERS**

- Managing Employee is mandatory for all enrollment types.
- There must be at least one other ownership type in addition to Managing Employee. Corporate - Charitable 501(c)3
- At least one Board of Director/Officers/Principal is required if one of the ownership types below is selected:

Corporate - Charitable 501(c)3	Corporate - Not Publicly Traded	Foreign, Nonresident Alien
Corporate - Non Charitable	Sub-contractor	Limited liability Company
Corporate - Publicly Traded	Holding Company	Indirect Owner

**Owners List**

Filter By [ ] [ ] And [Go] Save Filters My Filters

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
<input type="checkbox"/> 234567890	Two.Example	Managing Employee	320 S Walnut St	12/01/2018	12/31/2999	Not Completed	Not Completed	0
<input type="checkbox"/>	Test,Testing	Individual	320 S Walnut St	12/01/2018	12/31/2999	Not Completed	Not Completed	100

Delete View Page: 1 Page Count SaveToXLS Viewing Page: 1

**List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare.**

Filter By [ ] [ ] Go Save Filters My Filters

Other Owner EIN/TIN	Other Owner Information	Address
<input type="checkbox"/>		

No Records Found!

- The managing employee is now added to the list of owners
- To add the relationship click the Actions drop-down menu
  - Note: the Relationship status for the individual provider enrolling is now marked as Not Completed

Application ID: 20181204171383

Name: Test, Testing

Close Actions

## REQUIREMENTS

Add Owner

- Managing Employee for all enrollment types.
- There must be a valid ownership type in addition to Managing Employee. Corporate - Charitable 501(c)3
- At least one of the following ownership types/relationships is required if one of the ownership types below is selected:

Corporate - Charitable 501(c)3	Corporate - Not Publicly Traded	Foreign, Nonresident Alien
Corporate - Non Charitable	Sub-contractor	Limited liability Company
Corporate - Publicly Traded	Holding Company	Indirect Owner

## Owners List

Filter By [dropdown] [input] And [input] Go

Save Filters My Filters

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
<input type="checkbox"/> 234567890	Two,Example	Managing Employee	100 N Capitol Ave	12/01/2018	12/31/2999	Not Completed	Not Completed	0
<input type="checkbox"/>	Test,Testing	Individual	320 S Walnut St	12/01/2018	12/31/2999	Not Completed	Not Completed	100

Delete View Page: 1 Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

## Add Other Owned Entity List Ownership Interest in other Entities reimbursible by Medicaid and/or Medicare.

Filter By [dropdown] [input] Go

Save Filters My Filters

Other Owner EIN/TIN	Other Owner Information	Address
<input type="checkbox"/>		

- Select Owners Relationships from the Action drop-down menu

CHAMPS Provider

Application ID: 20181204171383 Name: Test, Testing

**Add Relationship**

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse) ?  Yes  No (Click Save to update)

**Owner List**

Show Owners All Go Save Filters My Filters

Selected Owner: Test, Testing SSN/EIN/TIN: [Redacted] Status: Not Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Test, Testing	Relation to Assoc. Owner
Two, Example	234567890	Managing Employee	[Dropdown]	[Dropdown]
Test, Testing	[Redacted]	Individual	[Dropdown]	Self [Dropdown]

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Selected Owner: Two, Example SSN/EIN/TIN: 234567890 Status: Not Completed

Save Close

Page ID: dlgAddModifyOwnerRelationship(Provider)

- Answer question (at the top)
- Click yes to indicate the owners have a relationship to one another.
- Click Save

CHAMPS Provider

https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer

Application ID: 20181204171383 Name: Test, Testing

**Add Relationship**

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse) ?  Yes  No (Click Save to update)

**Owner List**

Show Owners All Go Save Filters My Filters

Selected Owner: Test, Testing SSN/EIN/TIN: Status: Not Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Test, Testing	Relation to Assoc. Owner
Two, Example	234567890	Managing Employee	<input type="text"/>	<input type="text"/>
Test, Testing		Individual	<input type="text"/>	Self

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Selected Owner: Two, Example SSN/EIN/TIN: 234567890 Status: Not Completed

Save Close

Page ID: dlgAddModifyOwnerRelationship(Provider)

- The question will show as Yes.
- To select the relationship between the selected owner, in this example managing employee, select the Relation To drop-down menu

CHAMPS Provider

Application ID: 20181204171383 Name: Test, Testing

Add Relationship

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse)?  Yes  No (Click Save to update)

Owner List

Show Owners All Go Save Filters My Filters

Selected Owner: Test, Testing SSN/EIN/TIN Status: Not Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Test, Testing	Relation to Assoc. Owner
Two, Example	234567890	Managing Employee	None	
Test, Testing		Individual	Self	Self

View Page: 1 Go Page Count SaveToXLS

Selected Owner: Two, Example SSN/EIN/TIN: 234567890 Status: Not Completed

Save Close

Page ID: dlgAddModifyOwnerRelationship(Provider)

- Select the appropriate relationship between the Selected Owner and the Assoc. Owner
- In this example the Selected Owner is the Individual provider enrolling, (Test, Testing) and Assoc. Owner is the Managing Employee (Two, Example).

CHAMPS Provider

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https://milogintps.michigan.gov/ - Welcome to MMIS - Internet Explorer

Application ID: 20181204171383 Name: Test, Testing

**Add Relationship**

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse) ?  Yes  No (Click Save to update)

**Owner List**

Show Owners All

Selected Owner: Test, Testing SSN/EIN/TIN: [REDACTED] Status: Not Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Test, Testing	Relation to Assoc. Owner
Two, Example	234567890	Managing Employee	Daughter	
Test, Testing	[REDACTED]	Individual		

View Page: 1  Page Count  Viewing Page: 1

Selected Owner: Two, Example SSN/EIN/TIN: 234567890 Status: Completed

Page ID: dlgAddModifyOwnerRelationship(Provider)

- Select the appropriate relationship from the drop-down menu
- The column Relation to Assoc. Owner is the relationship between the selected Assoc. Owner to the Selected Owner.
  - Note: In this example the Managing Employee (Two, Example) is the selected Assoc. Owner and the Relationship To the selected owner, (Test, Testing) the individual provider enrolling, is Daughter. The relationship of the Selected Owner, the individual provider enrolling, (Test, Testing) to the selected Assoc. Owner, managing employee (Two, Example), is Father.

CHAMPS Provider

Application ID: 20181204171383 Name: Test, Testing

**Add Relationship**

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse) ?  Yes  No (Click Save to update)

**Owner List**

Show Owners All  Save Filters My Filters

Selected Owner: Test, Testing SSN/EIN/TIN: [REDACTED] Status: Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Test, Testing	Relation to Assoc. Owner
Two, Example	234567890	Managing Employee	Daughter	Father
Test, Testing	[REDACTED]	Individual		Self

View Page: 1  Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

Selected Owner: Two, Example SSN/EIN/TIN: 234567890 Status: Completed

Page ID: dlgAddModifyOwnerRelationship(Provider)

- Click Save the close
  - Note: The relationship to the individual provider enrolling pre-populates to Self.

CHAMPS Provider

Last Login: 04 DEC, 2018 11:42 AM

Application ID: 20181204171383 Name: Test, Testing

Close Actions

### Per Medicaid Provider Manual

**PROVIDER OWNERSHIP AND CONTROL DISCLOSURES**

Provider Enrollment Information, including home address, date of birth, and Social Security Number, is required from providers and other disclosed individuals (e.g., owners, managing employees, agents, etc.).

**REQUIRED DISCLOSURE INFORMATION**

Provider (including fiscal agents and managed care entities) are required to disclose the following information on ownership and control during enrollment, revalidation and within 35 days after any change in ownership:

- The name and address of any person (individual or corporation) with ownership or control interest. The address for corporate entities must include, as applicable, primary business address, every business location and P.O. Box address.
- Date of birth and Social Security Number (in the case of an individual).
- Other Tax Identification Number, in the case of corporation, with an ownership or control interest or of any subcontractor in which the disclosing entity has a five percent or more interest.
- Whether the person (individual or corporation) with an ownership or control interest is related to another person with ownership or control interest as a spouse, parent, child or sibling; or whether the person (individual or corporation) with an ownership or control interest of any subcontractor in which the disclosing entity has a five percent or more interest is related to another person with ownership or control interest as a spouse, parent, child or sibling.
- The name of any other fiscal agent or manage care entity in which an owner has an ownership or control interest in an entity that is reimbursable by Medicaid and/or Medicare.
- The name, address, date of birth and Social Security Number of any managing employee.

**REQUIRED OWNERS**

- Managing Employee is mandatory for all enrollment types.
- There must be at least one other ownership type in addition to Managing Employee. Corporate - Charitable 501(c)3
- At least one Board of Director/Officers/Principal is required if one of the ownership types below is selected:

Corporate - Charitable 501(c)3	Corporate - Not Publicly Traded	Foreign, Nonresident Alien
Corporate - Non Charitable	Sub-contractor	Limited liability Company
Corporate - Publicly Traded	Holding Company	Indirect Owner

### Owners List

Filter By [ ] And [ ] Go Save Filters My Filters

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
<input type="checkbox"/> 234567890	Two,Example	Managing Employee	100 N Capitol Ave	12/04/2018	12/31/2999	Completed	Not Completed	0
<input type="checkbox"/>	Test,Testing	Individual	320 S Walnut St	12/04/2018	12/31/2999	Completed	Not Completed	100

Delete View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

### List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare.

Add Other Owned Entity

Filter By [ ] Go Save Filters My Filters

Other Owner EIN/TIN	Other Owner Information	Address
<input type="checkbox"/>		

No Records Found !

- The relationship status now shows Completed for both owners.

Application ID: 20181204171383

Name: Test, Testing

Close Actions

- There Add Owner ownership type in addition to Managing Employee. Corporate - Charitable 501[c]3
- At least one of the following ownership types is required if one of the ownership types below is selected:
  - 501[c]3
  - Corporate - Not Publicly Traded
  - Foreign, Nonresident Alien
  - Partnership
  - Sub-contractor
  - Limited liability Company
  - Partnership Holding Company
  - Indirect Owner
- Owners Relationships
- Owners Adverse Action

## Owners List

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
<input type="checkbox"/> 234567890	Two,Example	Managing Employee	100 N Capitol Ave	12/04/2018	12/31/2999	Completed	Not Completed	0
<input type="checkbox"/>	Test,Testing	Individual	320 S Walnut St	12/04/2018	12/31/2999	Completed	Not Completed	100

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## Add Other Owned Entity List Ownership Interest in other Entities reimbursible by Medicaid and/or Medicare.

Other Owner EIN/TIN	Other Owner Information	Address
No Records Found !		

- Select Owners Adverse Action from the Actions drop-down menu to complete the Final Adverse Legal/Action/Convictions Disclosure

CHAMPS Provider

https://milogintpmichigan.gov/ - Owners with Adverse Action - Internet Explorer

Print Help

Application ID: 20181204171383 Name: Test, Testing

### FINAL ADVERSE LEGAL ACTIONS/CONVICTIONS

This section captures information on final adverse legal actions, such as convictions, exclusions, revocations, and suspensions. All applicable final adverse actions must be reported, regardless of whether any records were expunged or any appeals are pending.

#### Convictions

1. The provider, supplier, or any owner of the provider or supplier was, within the last 10 years preceding enrollment or revalidation of enrollment, convicted of a Federal or State felony offense that CMS has determined to be detrimental to the best interests of the program and its beneficiaries or recipients. Offenses include, but are not limited to: Felony crimes against persons and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions; financial crimes, such as extortion, embezzlement, income tax evasion, insurance fraud and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions; any felony that placed the Medicaid program or its beneficiaries at immediate risk (such as a malpractice suit that results in a conviction of criminal neglect or misconduct); and any misdemeanor or felonies that may result in a mandatory or permissive exclusion under State or Federal law.
2. Any misdemeanor conviction, under Federal or State law, related to: (a) the delivery of an item or service under Medicaid or a State health care program, or (b) the abuse or neglect of a patient in connection with the delivery of a health care item or service.
3. Any misdemeanor conviction, under Federal or State law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service.
4. Any felony or misdemeanor conviction, under Federal or State law, relating to the interference with or obstruction of any investigation into any criminal offense described in 42 C.F.R. Section 1001.101 or 1001.201.
5. Any felony or misdemeanor conviction, under Federal or State law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

#### Exclusions, revocations, or Suspensions

1. Any revocation or suspension of a license to provide health care by any State licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a State licensing authority.
2. Any revocation or suspension of accreditation.
3. Any suspension or exclusion from participation in, or any sanction imposed by, a Federal or State health care program, or any debarment from participation in any Federal Executive Branch procurement or non-procurement program.
4. Any current Medicaid payment suspension under any Medicaid enrollment.
5. Any Medicaid revocation of any Medicaid provider billing number.

#### FINAL ADVERSE LEGAL ACTION/CONVICTION ACTION HISTORY

Do any of the owners, under any current or former name or business identity, ever had a final adverse legal action listed above imposed against them? Please answer in the 'Owners with Adverse Action' section below for each owner.

Owner Name	Response	Comments
Test,Testing	<input type="radio"/> Yes <input type="radio"/> No	
Two.Example	<input type="radio"/> Yes <input type="radio"/> No	

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OK Cancel

Page ID: pgEnrFmmtAdverseAction(Provider)

- Read through Final Adverse Legal Actions/Convictions statement for each owner, select Yes or No

Application ID: 20181204171383

Name: Test, Testing

1. Any revocation or suspension of a license to provide health care by any State licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a State licensing authority.
2. Any revocation or suspension of accreditation.
3. Any suspension or exclusion from participation in, or any sanction imposed by, a Federal or State health care program, or any debarment from participation in any Federal Executive Branch procurement or non-procurement program.
4. Any current Medicaid payment suspension under any Medicaid enrollment.
5. Any Medicaid revocation of any Medicaid provider billing number.

**FINAL ADVERSE LEGAL ACTION/CONVICTION ACTION HISTORY**

Do any of the owners, under any current or former name or business identity, ever had a final adverse legal action listed above imposed against them? Please answer in the 'Owners with Adverse Action' section below for each owner.

**Owners with Adverse Action**

Owner Name	Response	Comments
Test, Testing	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>
Two, Example	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>

View Page: 1



Page Count



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- Click ok

CHAMPS Provider

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New Enrollment > Individual Enrollment > General

Application ID: 20181204171383 Name: Test, Testing

Close Actions

### Per Medicaid Provider Manual

**PROVIDER OWNERSHIP AND CONTROL DISCLOSURES**

Provider Enrollment Information, including home address, date of birth, and Social Security Number, is required from providers and other disclosed individuals (e.g., owners, managing employees, agents, etc.).

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- Date of birth and Social Security Number (in the case of an individual).
- Other Tax Identification Number, in the case of corporation, with an ownership or control interest or of any subcontractor in which the disclosing entity has a five percent or more interest.
- Whether the person (individual or corporation) with an ownership or control interest is related to another person with ownership or control interest as a spouse, parent, child or sibling; or whether the person (individual or corporation) with an ownership or control interest of any subcontractor in which the disclosing entity has a five percent or more interest is related to another person with ownership or control interest as a spouse, parent, child or sibling.
- The name of any other fiscal agent or manage care entity in which an owner has an ownership or control interest in an entity that is reimbursable by Medicaid and/or Medicare.
- The name, address, date of birth and Social Security Number of any managing employee.

**REQUIRED OWNERS**

- Managing Employee is mandatory for all enrollment types.
- There must be at least one other ownership type in addition to Managing Employee. Corporate - Charitable 501[c]3
- At least one Board of Director/Officers/Principal is required if one of the ownership types below is selected:

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Corporate - Non Charitable	Sub-contractor	Limited liability Company
Corporate - Publicly Traded	Holding Company	Indirect Owner

### Owners List

Filter By [ ] And [ ] Go Save Filters My Filters

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
<input type="checkbox"/> 234567890	Two,Example	Managing Employee	100 N Capitol Ave	12/04/2018	12/31/2999	Completed	No	0
<input type="checkbox"/>	Test,Testing	Individual	320 S Walnut St	12/04/2018	12/31/2999	Completed	No	100

Delete View Page: 1 Page Count SaveToXLS Viewing Page: 1

**Add Other Owned Entity** List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare.

Filter By [ ] Go Save Filters My Filters

Other Owner EIN/TIN	Other Owner Information	Address
<input type="checkbox"/>		

No Records Found !

- The Adverse Action column will show Yes or No indicating it's complete.
- Click Close to return to the remaining enrollment steps to be completed

Application ID: 20181204171383

Name: Test, Testing

Close

## Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
<a href="#">Step 1: Provider Basic Information</a>	Required	12/04/2018	12/04/2018	Complete	
<a href="#">Step 2: Add Locations</a>	Required	12/04/2018	12/04/2018	Complete	
<a href="#">Step 3: Add Specialties</a>	Required	12/04/2018	12/04/2018	Complete	
<a href="#">Step 4: Associate Billing Provider/Other Associations</a>	Optional			Complete	
<a href="#">Step 5: Add License/Certification/Other</a>	Required	12/04/2018	12/04/2018	Complete	
<a href="#">Step 6: Add Mode of Claim Submission/EDI Exchange</a>	Required	12/04/2018	12/04/2018	Complete	
<a href="#">Step 7: Associate Billing Agent</a>	Required	12/04/2018	12/04/2018	Complete	
<a href="#">Step 8: Add Provider Controlling Interest/Ownership Details</a>	Required	12/04/2018	12/04/2018	Complete	
<a href="#">Step 9: Add Taxonomy Details</a>	Required			Incomplete	
<a href="#">Step 10: Associate MCO Plan</a>	Optional			Incomplete	
<a href="#">Step 11: 835/ERA Enrollment Form</a>	Optional			Incomplete	
<a href="#">Step 12: Upload Documents</a>	Optional			Incomplete	
<a href="#">Step 13: Complete Enrollment Checklist</a>	Required			Incomplete	
<a href="#">Step 14: Submit Enrollment Application for Approval</a>	Required			Incomplete	

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1

Go

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SaveToXLS

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First

Prev

Next

Last

- Step 8 is complete
- Click on Step 9: Add Taxonomy Details

(Please Note: If status has not updated to complete additional owner types or relationships may be required.

See [Ownership Step Tip](#) for further details.)

# Provider Enrollment Resources

- **Provider Enrollment website:** [http://www.michigan.gov/mdhhs/0,5885,7-339-71551\\_2945\\_42542\\_42543\\_42546\\_85441---,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_85441---,00.html)
- **Trainings:**
  - [CHAMPS Enrollment Application: Individual/Sole Proprietor User Guide](#)
  - [Domain Administrator Functions](#)
  - Track Application – [PDF](#), [Recording](#)
  - Step 1: Provider Basic Information – [PDF](#), [Recording](#)
  - Step 2: Add Locations – [PDF](#), [Recording](#)
- **Forms:**
  - Electronic Signature Agreement Cover Sheet ([MDHHS-5405](#))
  - Electronic Signature Agreement ([DCH-1401](#))
- **SIGMA:**
  - New Individual/Sole Proprietor Providers must register with SIGMA as Vendors
  - Please visit: [Michigan.gov/SIGMAVSS](http://Michigan.gov/SIGMAVSS)
- **Provider Enrollment:**
  - 1-800-292-2550
  - [ProviderEnrollment@Michigan.gov](mailto:ProviderEnrollment@Michigan.gov)
  - [ProviderSupport@Michigan.gov](mailto:ProviderSupport@Michigan.gov)